

DCFS SAFETY TRAINING ATTENDANCE FORM

Date		Quarter (circle one)	1st	2nd	3rd	4th
Trainer		Safety Officer				
		% Participation (total # Eligible Employees attending/total #Eligible Employees): %				
Office		Location				
Policy/Plan/Procedure/Program or Title of Training						
By signing below, I acknowledge that: <input type="checkbox"/> I have been trained on the above-mentioned Policy/Plan/Procedure/Program. <input type="checkbox"/> I have received a written copy of the above-mentioned Policy/Plan/Procedure/Program. <input type="checkbox"/> I understand the above-mentioned Policy/Plan/Procedure/Program. <input type="checkbox"/> I will abide by the Policy/Plan/Procedure/Program.						
Name (print or type)			Signature			
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